

**Missouri Board of Nursing Home Administrators  
Single Offering Application  
for Approval of Continuing Education**

1. Agency/Provider Name: (if sponsoring agency and program provider are different, please attach the detailed information requested in item #1 and #2 in the attached Criteria.)

Person to notify of approval: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Program/Course Title: \_\_\_\_\_

Number of clock hours requested: Administrative: \_\_\_\_\_ Patient Care: \_\_\_\_\_

Offering Date(s) \_\_\_\_\_ Time(s) offered \_\_\_\_\_

Registration fee \_\_\_\_\_

Location(s) (include city and state) \_\_\_\_\_

2. Include the names and telephone numbers of the planning committee members. (We recommend that at least one member be a licensed administrator.)

3. Attach to this application the speaker names or instruction staff, including:

- Experience of each member of the faculty related to content area, and;
- Educational qualifications of each member of the faculty.

4. State the content objectives.

5. Give a descriptive overview of the program including: target population, purpose, detailed outline of content including topic titles with descriptions and speakers (timed agenda.) Please specify the amount of time allotted to each item in the outline.

6. Explain how this offering relates to the educational needs of the nursing home administrator and identify from the attached "Long Term Care Core of Knowledge" the areas covered within the content.

7. Describe the content evaluation you plan to use. Please include a copy of the evaluation tool(s.)

8. Explain your agency's system for recording and maintaining information on attendance records.

9. If approved, this agency will issue to each participant a certificate of attendance including clock hours actually attended and type of clock hours (PC and/or A).  
Yes \_\_\_\_ No \_\_\_\_ (If "No", please explain)
10. If approved, this agency will issue to the Board of Nursing Home Administrators a complete listing of participants including the number and type of clock hours awarded to each.  
Yes \_\_\_\_ No \_\_\_\_ (If "No", please explain)
11. If approved, this agency will issue to the Board of Nursing Home Administrators, an evaluation by the participants of the program.  
Yes \_\_\_\_ No \_\_\_\_ (If "No", please explain)
12. If approved, this agency will agree to periodic monitoring of your programs by the Missouri Board of Nursing Home Administrators.  
Yes \_\_\_\_ No \_\_\_\_ (If "No", please explain)

**If approved as a single offering sponsor, I hereby certify that:**

1. This organization will follow affirmative action standards assuring equal access to all approved programs for all nursing home administrator licensees without regard to race, color, sex, religion, national origin, creed, age, ancestry, veteran or handicap status.
  2. Long term care administrator attendance will be monitored at all approved educational programs.
  3. A certificate of attendance will be issued to each participant and shall include the title of the course, date of course, location of course, the number and type of clock hours actually attended and the Board approval number.
  4. A composite evaluation and roster of attendees including typed or clearly printed name, signature, NHA or RCAL license number, and clock hours earned and type of clock hours, course title, course date, course location, shall be issued to the Board within thirty days of the course date.
  5. A systematic method for recording and maintaining attendance will be kept for a period of two (2) years.
  6. A method of content evaluation will be implemented for each approved program.
  7. This organization will comply with all pertinent Missouri laws and regulations as a condition of approval as a single offering sponsor for long term care administrators.
  8. The courses sponsored/provided by this organization shall be consistent with the criteria for continuing education established by the Board and, shall be of value in developing skills in long-term or related health-care administration while addressing content within the long term care core of knowledge, pursuant to 19CSR 73-2.031 (2) (A)-(K).
  9. This organization shall provide adequate facilities and appropriate instructional material to carry out continuing education programs.
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**I also certify that:**

**All statements made in this request are true to the best of my knowledge and belief.**

**I understand that approval of this request designates this agency as an approved sponsor of continuing education unless it is revoked for cause. Failure to comply with rules or to meet standards as described in 19CSR 73-2.060, refusal to allow reasonable inspection or to supply information upon request of the Board or its representatives, are causes for revocation.**

**Signature of Authorized Agent:** \_\_\_\_\_

**Title of Authorized Agent:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Attach the non-refundable fee of \$15.00 per requested clock hour payable  
to the Department of Health and Senior Services and mail to:**

Board of Nursing Home Administrators  
Dept of Health and Senior Services  
**Attn: Fee Receipts**  
PO Box 570  
Jefferson City, MO 65102-0570

## Criteria for Approval

Continuing education programs must be mailed to the Board of Nursing Home Administrators approximately forty-five (45) days in advance of the presentation and must include the non-refundable fee of \$15.00 per requested clock hour. If the application for a single offering is submitted less than forty-five (45) days in advance of the presentation, there will be a nonrefundable late fee of fifty dollars (\$50) in addition to the fee of \$15.00 per requested clock hour. Applications will be reviewed using the following criteria:

1. The sponsoring agency and its role must be clearly identified in the information material. (If this is a "first time" application from your agency, the organization's mission statement/goals must be included.)
2. The provider and its role must be clearly identified in the information material.
3. Offerings dealing with long term care administration should be planned in consultation with at least one licensed administrator.
4. A detailed program outline including the purpose and the content objectives must be included. Time allotted to each item in the outline must also be included.
5. The offering must be relevant to the educational needs of the participant and in the area of long term care administration as described in 19 CSR 73-2.031(2). For a detailed outline of expected content areas, please refer to the enclosure "Long Term Care Core of Knowledge."
6. The program content must be adaptable and transferable to any long term care facility setting.
7. Methods for standardized content evaluation are described. *See attached sample form.*
8. There must be a systematic method for recording and maintaining attendance. *See attached sample form.*

# Sample Roster

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COURSE TITLE: ADMINISTRATION OF LONG-TERM CARE FACILITIES

LOCATION: JEFFERSON CITY, MO

DATE: 03/30/2010 (One Day Only Per Page)

APPROVAL NUMBER: SO-#####

NAME (TYPED OR CLEARLY PRINTED)	LICENSE NUMBER	SIGNATURE	CLOCK HOURS EARNED	
			ADMINISTRATIVE	PATIENT CARE

You may create your own with what you want to include; however, this is the minimum required information that the Board of Nursing Home Administrators requires to be submitted within 30 days of the date of the course.

## Sample Evaluation Form

Sponsoring Agency: \_\_\_\_\_

Course Title: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Time: \_\_\_\_\_

Agency/Program Approval Number: \_\_\_\_\_

This information is requested to monitor the instructors, educational materials, and class sites. Please write one of the following code numbers in the box for each item and include your comments. Your assistance is appreciated.

- Codes:
- |                   |  |
|-------------------|--|
| 1. EXCELLENT -    | as good as I've ever encountered         |
| 2. GOOD -         | meeting high standards, but not the best |
| 3. SATISFACTORY - | acceptable, but not outstanding          |
| 4. POOR -         | having at least one serious deficiency   |
| 5. TERRIBLE -     | as bad as I've ever encountered          |

- \_\_\_\_ 1. Did the seminar achieve its stated learning objectives?
- \_\_\_\_ 2. How do you rate the Instructor's presentation of the materials?
- \_\_\_\_ 3. How do you rate the way the instructor was able to relate his/her expertise to the problems of long-term care administration?
- \_\_\_\_ 4. How do you rate the usefulness of the knowledge/skills you acquired here?
- \_\_\_\_ 5. How do you rate the classroom facilities as they affected your learning?
- \_\_\_\_ 6. Taking everything into account (including things possibly not listed above), how do you rate the relative value of this seminar?
- \_\_\_\_ 7. Do you have any general comments, criticisms, suggestions for improvements, recommendations for future seminar topics, questions, etc?

## **Long Term Care Core of Knowledge**

### **Patient Care (PC) Hours**

#### **A. Nursing and Physician Services:**

1. Restorative nursing;
2. Rehabilitation;
3. Definition, concept and procedures of nursing;
4. Skin and wound care;
5. Infection control procedures;
6. Drug administration and drug effects;
7. Disease recognition and process;
8. Quality Assurance;
9. Physician's role in the facility; and
10. Physician/resident relationships;

#### **B. Social Services:**

1. Resident rights;
2. Living wills and advance directives;
3. Social, emotional, religions and financial needs of the resident;
4. Family counsel and consultation;
5. Grieving process;
6. Death and dying;
7. Communication with the resident and;
8. Ombudsman program;

#### **C. Food Services:**

1. Proper nutrition;
2. Therapeutic diets; and
3. Resident satisfaction;

#### **D. Social and Therapeutic Recreational Activities:**

1. Needs of the resident;
2. Community resources;
3. Rehabilitation services;
4. Volunteers and auxiliaries; and
5. Chemical dependency of the resident;

#### **E. Medical Recordkeeping:**

1. Medical Records system;
2. Appropriate charting and documentation; and
3. Evaluation and revision of care plans;

#### **F. Pharmaceutical Services:**

1. Proper drug handling and control;
2. Proper drug dispensing; and
3. Drug interactions;

### **Administrative (A) Hours**

#### **G. Personnel Management:**

1. Maintaining a positive atmosphere;
2. Grievance procedures;
3. Effective communication;
4. Evaluation procedures;
5. Recruitment of staff;
6. Interviewing candidates;
7. Selecting future employees;
8. Staff development and training;
9. Personnel policies and procedures;
10. Health and safety;
11. Departmental organization and management;
12. Professional ethics and conduct;
13. Total quality management; and
14. Health care reform;

#### **H. Financial Management:**

1. Budgeting;
2. Financial planning;
3. Asset management; and
4. Accounting;

#### **I. Marketing and Public Relations Principles:**

1. Public relation principles;
2. Marketing principles;
3. Newsletters;
4. Community and social organizations; and
5. Working with media;

#### **J. Physical Resource Management:**

1. Building and grounds management;
2. Environmental services;
3. Safety procedures and programs;
4. Fire and disaster plans; and

#### **K. Laws, Regulatory Codes and Governing Boards:**

1. Medicare and Medicaid;
2. Omnibus Budget Reconciliation Act (OBRA);
3. Occupational Safety and Health Administration (OSHA);
4. Americans With Disability Act (ADA);
5. Life Safety;
6. Legislative process;
7. Board Responsibilities; and
8. By-laws.